

## 510(k) Summary for the Lancer Pedicle Screw System

DEC 15 2011

In accordance with 21 CFR 807.92 of the Federal Code of Regulations  
the following 510(k) summary is submitted for the Lancer Pedicle Screw System.

Date Prepared: March 1, 2011

**1. Submitter:**

Spinal Solutions LLC  
26157 Jefferson Avenue  
Murrieta, CA 92562  
(951) 304-9001

**Contact Person:**

J.D. Webb  
The OrthoMedix Group, Inc.  
1001 Oakwood Blvd  
Round Rock, TX 78681  
Telephone: 512-388-0199

**2. Trade name:**

Lancer Pedicle Screw System

**Common Name:**

orthosis, pedicle screw system

**Classification Name:**

pedicle screw spinal system

21 CFR Sec. 888.3070

MNH

MNI

Class II

**3. Predicate or legally marketed devices which are substantially equivalent:**

The Lancer Pedicle Screw System is a modification of the Orthopedic Alliance Spine System (K033826). Other predicate devices include:  
KRD-1™ - K092420 (SpineFrontier)

**4. Description of the device:**

The Lancer Pedicle Screw System is comprised of polyaxial pedicle screws, rods and crosslinks. The system consists of a variety of color coded top loading pedicle screws. The rods are Ø5.5mm and are available in straight and pre-lordosed (curved) configurations. The cross linkage assemblies fit over the rods to supply torsional stability to the construct.

**Purpose of 510(k):**

The purpose of this 510(k) is to modifications to the Orthopedic Alliance Spine System. These changes include, changing the geometry of the pedicle screw head, add pedicle screw diameters, screw lengths, rod diameter, pre-bent rods, and rod lengths.

**Materials:**

The components are manufactured from titanium alloy (Ti 6Al 4V ELI) per ASTM F136.

**Function:**

The Lancer Pedicle Screw System is a pedicle screw system intended to provide immobilization and the stabilization of spinal segments until fusion takes place.

**5. Substantial equivalence claimed to predicate devices**

Lancer Pedicle Screw System is substantially equivalent to the Orthopedic Alliance Spine System and the KRD-1™ in terms of intended use, design, and materials used. The table below compares the features and characteristics of the Lancer Pedicle Screw System to these predicate devices.

Device Name Items	Lancer Pedicle Screw System	Orthopedic Alliance Spine System	KRD-1™
<b>Sponsor</b>	Spinal Solutions	Orthopedic Alliance	SpineFrontier
<b>510(k) Number</b>	N/A	K033826	K092420
<b>Device Classification Name</b>	orthosis, spinal pedicle fixation per MNI 888.3070 orthosis, spondylolisthesis spinal fixation per MNH 888.3070	orthosis, spinal pedicle fixation per MNI 888.3070 orthosis, spondylolisthesis spinal fixation per MNH 888.3070	orthosis, spinal pedicle fixation per MNI 888.3070 orthosis, spondylolisthesis spinal fixation per MNH 888.3070
<b>Product Code</b>	MNI, MNH	MNI, MNH	MNI, MNH
<b>Class</b>	Class II per 21 CFR 888.3070	Class II per 21 CFR 888.3070	Class II per 21 CFR 888.3070
<b>Straight rods</b>	Yes	Yes	Yes
<b>Pre-bent rods</b>	Yes	No	Yes
<b>Rod material</b>	Ti-6Al-4V per ASTM F136	CP titanium per ASTM F67	Ti-6Al-4V per ASTM F136
<b>Screw loading</b>	Tulip top loading	Tulip top loading	Tulip top loading
<b>Screw material</b>	Titanium alloy per ASTM F136	Titanium alloy per ASTM F136	Titanium alloy per ASTM F136
<b>Crosslinks - length</b>	Yes	Yes	Yes
<b>Sterility</b>			

The following devices were used as predicate devices for strength comparison only:

- Synergy VLS – open, K000236 (DePuy)
- Moss Miami SS, K950697 (DePuy)

#### 6. Intended Use:

The Lancer Pedicle Screw System is intended to provide immobilization and stabilization of spinal segments in skeletally mature patients as an adjunct to fusion in the treatment of the following acute and chronic instabilities or deformities of thoracic, lumbar, and sacral spine: fracture, dislocation, failed previous fusion (pseudoarthrosis), degenerative spondylolisthesis with objective evidence of neurological impairment, spinal deformations such as scoliosis or kyphosis and loss of stability due to tumors.

When used as a pedicle screw system, the Lancer Pedicle Screw System is intended for the treatment of severe spondylolisthesis (Grade 3 and 4) of the L5-S1 vertebrae in skeletally mature patients receiving fusion by autogenous bone graft having implants attached to the lumbar and sacral spine (L3 to sacrum) with removal of the implants after the attainment of a solid fusion.

**7. Non-clinical Test Summary:**

The following tests were conducted per ASTM F1717:

- Static compression bending
- Static torsion
- Dynamic compression bending

**8. Clinical Test Summary**

No clinical studies were performed

**9. Conclusions Nonclinical and Clinical**

The Lancer Pedicle Screw System is substantially equivalent to the predicate devices in terms of indications for use, design, material, function and strength.



DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Food and Drug Administration  
10903 New Hampshire Avenue  
Document Control Room - WO66-G609  
Silver Spring, MD 20993-0002

DEC 15 2011

Spinal Solutions LLC  
% The OrthoMedix Group, Inc.  
Mr. J.D. Webb  
1001 Oakwood Boulevard  
Round Rock, Texas 78681

Re: K110633  
Trade/Device Name: Lancer Pedicle Screw System  
Regulation Number: 21 CFR 888.3070  
Regulation Name: Pedicle screw spinal system  
Regulatory Class: Class II  
Product Code: MNH, MNI  
Dated: November 13, 2011  
Received: November 18, 2011

Dear Mr. Webb:

We have reviewed your Section 510(k) premarket notification of intent to market the device referenced above and have determined the device is substantially equivalent (for the indications for use stated in the enclosure) to legally marketed predicate devices marketed in interstate commerce prior to May 28, 1976, the enactment date of the Medical Device Amendments, or to devices that have been reclassified in accordance with the provisions of the Federal Food, Drug, and Cosmetic Act (Act) that do not require approval of a premarket approval application (PMA). You may, therefore, market the device, subject to the general controls provisions of the Act. The general controls provisions of the Act include requirements for annual registration, listing of devices, good manufacturing practice, labeling, and prohibitions against misbranding and adulteration. Please note: CDRH does not evaluate information related to contract liability warranties. We remind you; however, that device labeling must be truthful and not misleading.

If your device is classified (see above) into either class II (Special Controls) or class III (PMA), it may be subject to additional controls. Existing major regulations affecting your device can be found in the Code of Federal Regulations, Title 21, Parts 800 to 898. In addition, FDA may publish further announcements concerning your device in the Federal Register.

Please be advised that FDA's issuance of a substantial equivalence determination does not mean that FDA has made a determination that your device complies with other requirements of the Act

or any Federal statutes and regulations administered by other Federal agencies. You must comply with all the Act's requirements, including, but not limited to: registration and listing (21 CFR Part 807); labeling (21 CFR Part 801); medical device reporting (reporting of medical device-related adverse events) (21 CFR 803); good manufacturing practice requirements as set forth in the quality systems (QS) regulation (21 CFR Part 820); and if applicable, the electronic product radiation control provisions (Sections 531-542 of the Act); 21 CFR 1000-1050.

If you desire specific advice for your device on our labeling regulation (21 CFR Part 801), please go to <http://www.fda.gov/AboutFDA/CentersOffices/CDRH/CDRHOffices/ucm115809.htm> for the Center for Devices and Radiological Health's (CDRH's) Office of Compliance. Also, please note the regulation entitled, "Misbranding by reference to premarket notification" (21 CFR Part 807.97). For questions regarding the reporting of adverse events under the MDR regulation (21 CFR Part 803), please go to <http://www.fda.gov/MedicalDevices/Safety/ReportaProblem/default.htm> for the CDRH's Office of Surveillance and Biometrics/Division of Postmarket Surveillance.

You may obtain other general information on your responsibilities under the Act from the Division of Small Manufacturers, International and Consumer Assistance at its toll-free number (800) 638-2041 or (301) 796-7100 or at its Internet address <http://www.fda.gov/MedicalDevices/ResourcesforYou/Industry/default.htm>.

Sincerely yours,

A handwritten signature in cursive script, appearing to read "Erin J. Keith". To the left of the signature is a small, stylized mark that looks like a lowercase "f" or a checkmark.

Mark N. Melkerson

Director

Division of Surgical, Orthopedic  
and Restorative Devices

Office of Device Evaluation

Center for Devices and

Radiological Health

Enclosure

## Indications for Use

510(k) Number (if known): K110633

Device Name: Lancer Pedicle Screw System

Indications for Use:

The Lancer Pedicle Screw System is intended to provide immobilization and stabilization of spinal segments in skeletally mature patients as an adjunct to fusion in the treatment of the following acute and chronic instabilities or deformities of thoracic, lumbar, and sacral spine: fracture, dislocation, failed previous fusion (pseudoarthrosis), degenerative spondylolisthesis with objective evidence of neurological impairment, spinal deformations such as scoliosis or kyphosis and loss of stability due to tumors.

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Prescription Use X  
(Part 21 CFR 801 Subpart D)

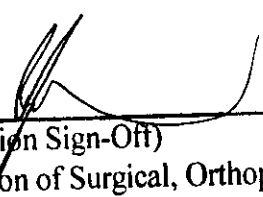
AND/OR

Over-The-Counter Use \_\_\_\_\_  
(21 CFR 807 Subpart C)

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Concurrence of CDRH, Office of Device Evaluation (ODE)

  
(Division Sign-Off)  
Division of Surgical, Orthopedic,  
and Restorative Devices

510(k) Number K110633